



**FILED**  
IN CLERK'S OFFICE  
U.S. DISTRICT COURT E.D.N.Y.  
★ DEC 08 2022 ★  
BROOKLYN OFFICE

*SP/12/22*

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF NEW YORK

William F Corr Jr

*(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)*

**-against-**

N.Y.C. Dept. of Homeless Svcs.

*(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)*

**Complaint for Employment  
Discrimination**

Case No. **CV 22-7563**  
*(to be filled in by the Clerk's Office)*

Jury Trial: ☒ Yes ☐ No  
*(check one)*

**Komitee, J.**

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>William F Corr Jr</u>
Street Address	<u>495 Community Dr</u>
City and County	<u>Manhasset, (Nassau)</u>
State and Zip Code	<u>New York 11050</u>
Telephone Number	<u>(917) 992-5381</u>
E-mail Address	<u>willc32@verizon.net</u>

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

**Defendant No. 1**

Name	<u>N.Y.C. Adept of Homelss Sucs.</u>
Job or Title (if known)	<u></u>
Street Address	<u>33 Beaver St.</u>
City and County	<u>New York (Manhattan)</u>
State and Zip Code	<u>New York, 10004</u>
Telephone Number	<u>(212) 361-8000</u>
E-mail Address (if known)	<u></u>

**Defendant No. 2**

Name	<u></u>
Job or Title (if known)	<u></u>
Street Address	<u></u>
City and County	<u></u>

State and Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
(if known)

**C. Place of Employment**

The address at which I sought employment or was employed by the defendant(s) is:

Name Dept. of Homeless Svcs. MFCC  
Street Address 10107 Farragut Rd.  
City and County Brooklyn (Kings)  
State and Zip Code New York, 11236  
Telephone Number (718) 688 - 8534 / 8519

**II. Basis for Jurisdiction**

This action is brought for discrimination in employment pursuant to (check all that apply):

- ☒ Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

*(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*

- ☐ Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

*(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)*

- ☐ Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

*(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*

☐ Other federal law (*specify the federal law*):

☐ Relevant state law (*specify, if known*):

☐ Relevant city or county law (*specify, if known*):

### III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes (*check all that apply*):

- ☐ Failure to hire me.
- ☐ Termination of my employment.
- ☐ Failure to promote me.
- ☐ Failure to accommodate my disability.
- ☒ Unequal terms and conditions of my employment.
- ☐ Retaliation.
- ☒ Other acts (*specify*): Religious Discrimination

(*Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.*)

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)

01/04/22 - 02/04/2022

C. I believe that defendant(s) (check one):

- ☒ is/are still committing these acts against me.  
☐ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my (check all that apply and explain):

- ☐ race \_\_\_\_\_  
☐ color \_\_\_\_\_  
☐ gender/sex \_\_\_\_\_  
☒ religion Christian  
☐ national origin \_\_\_\_\_  
☐ age. My year of birth is \_\_\_\_\_. (Give your year of birth only if you are asserting a claim of age discrimination.)  
☐ disability or perceived disability (specify disability)  
\_\_\_\_\_

E. The facts of my case are as follows. Attach additional pages if needed.

I applied for a religious accommodation for the COVID vaccine, as well as the testing and forced mask wearing. I was only granted an accommodation for the vaccine and not for the mask/testing. Without proving an undue hardship the Dept of Homeless Svs. placed me on leave without pay for a total of 5 weeks and threatened to permanently terminate me if I didn't comply (Coercion). I decided to go ahead and test after 5 weeks so that I could provide for my family. (Under Duress)

(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)

#### IV. Exhaustion of Federal Administrative Remedies

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on (date)

01/10/2022

- B. The Equal Employment Opportunity Commission (check one):

- ☐ has not issued a Notice of Right to Sue letter.  
☒ issued a Notice of Right to Sue letter, which I received on (date)

10/3/2022

(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)

- C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct (check one):

- ☐ 60 days or more have elapsed.  
☐ less than 60 days have elapsed.

#### V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

- 5 weeks Pay \$10,000 (Gross)
- Punitive Damages for Emotional Distress and PTSD surrounding the incident that occurred (Working in an environment that willingly discriminated against me/my religion).
- 2 year Salary (Till Vested) \$250,000
- Medical Bills (For Ongoing PTSD) \$50,000

**VI. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 12/05, 2022

Signature of Plaintiff

Printed Name of Plaintiff

William F Corr Jr  
William F Corr Jr



EEOC Form 5 (11/09)

**CHARGE OF DISCRIMINATION**

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To:

EEOC

FEPA

Agency(ies) Charge No(s):

520-2022-02675

and EEOC

New York State Division Of Human Rights

State or local Agency, if any

Home Phone

(917) 992-5381

Year of Birth

Name (indicate Mr., Ms., Mrs.)

Mr. William F. Corr

Street Address

495 Community dr  
MANHASSET, NY 11030

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

DEPT OF HOMELESS SERVICES

No. Employees, Members

Unknown Number Of Employees

Phone No.

(929) 221-5145

Street Address

33 beaver st  
NEW YORK, NY 10001

No. Employees, Members

Phone No.

Name

City, State and ZIP Code

Street Address

DISCRIMINATION BASED ON

Religion

DATE(S) DISCRIMINATION TOOK PLACE

Earliest

01/04/2022

Latest

01/04/2022

Continuing Action

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

Digitally Signed By: Mr. William F. Corr

08/02/2022

Charging Party Signature

NOTARY - When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.  
SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE  
(month, day, year)



EEOC Form 5 (11/09)

<b>CHARGE OF DISCRIMINATION</b>  This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.	Charge Presented To:      Agency(ies) Charge No(s):  <div style="display: flex; justify-content: space-between;"> <span>EEOC</span> <span>520-2022-02675</span> </div> <div style="display: flex; justify-content: space-between;"> <span>FEPA</span> <span></span> </div>
<b>New York State Division Of Human Rights</b> and EEOC <i>State or local Agency, if any</i>	
Name (indicate Mr., Ms., Mrs.) <b>Mr. William F. Corr</b>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Home Phone  <b>(917) 992-5381</b> </div> <div style="width: 45%;">           Year of Birth  </div> </div>
Street Address <b>495 Community dr MANHASSET, NY 11030</b>	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)	
Name <b>DEPT OF HOMELESS SERVICES</b>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           No. Employees, Members  <b>Unknown Number Of Employees</b> </div> <div style="width: 45%;">           Phone No.  <b>(929) 221-5145</b> </div> </div>
Street Address <b>33 beaver st NEW YORK, NY 10001</b>	
Name 	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           No. Employees, Members  </div> <div style="width: 45%;">           Phone No.  </div> </div>
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Street Address  </div> <div style="width: 45%;">           City, State and ZIP Code  </div> </div>	
DISCRIMINATION BASED ON  <b>Religion</b>	DATE(S) DISCRIMINATION TOOK PLACE  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Earliest  <b>01/04/2022</b> </div> <div style="width: 45%;">           Latest  <b>01/04/2022</b> </div> </div> <div style="text-align: center; margin-top: 20px;"> <b>Continuing Action</b> </div>
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):	

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.	NOTARY – When necessary for State and Local Agency Requirements
I declare under penalty of perjury that the above is true and correct.  <b>Digitally Signed By: Mr. William F. Corr</b> <b>08/02/2022</b>  <div style="text-align: right;"><i>Charging Party Signature</i></div>	I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT   SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)

EEOC Form 5 (11/09)

<p align="center"><b>CHARGE OF DISCRIMINATION</b></p> <p align="center">This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</p>	<p>Charge Presented To:      Agency(ies) Charge No(s):</p> <p align="center">EEOC      <b>520-2022-02675</b></p> <p align="center">FEPA</p>
<p><b>New York State Division Of Human Rights</b> and EEOC</p> <p><i>State or local Agency, if any</i></p>	

I was hired as an Electrician by the above-referenced entity ("Respondent") three-years ago. I sincerely hold a religious belief that conflicts with my employers vaccination requirement, so I notified my employer of my religious belief and requested a religious accommodation to Respondents Covid-19 vaccination mandate; Respondent denied my request and I was put on leave without pay (LWOP) for 5-weeks. Upon my return to work from LWOP, I was tested on a weekly basis until it recently stopped, and I remain employed to this day without any issues. However, the only issue is that I believe I was discriminated against for sincerely holding my religious belief for 5-weeks, in which had put me and my family through financial constraints. I am requesting to be compensated for the 5-weeks when I was on LWOP. I believe I have been discriminated against because of my religion, Christianity, in violation of Title VII of the Civil Rights Act of 1964, as amended.

<p>I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.</p>	<p>NOTARY – <i>When necessary for State and Local Agency Requirements</i></p>
<p>I declare under penalty of perjury that the above is true and correct.</p> <p><b>Digitally Signed By: Mr. William F. Corr</b></p> <p><b>08/02/2022</b></p> <p align="right"><i>Charging Party Signature</i></p>	<p>I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.</p> <p>SIGNATURE OF COMPLAINANT</p>  <p>SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)</p>



## **U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION**

New York District Office  
33 Whitehall St, 5th Floor  
New York, NY 10004  
(929) 506-5270  
Website: [www.eeoc.gov](http://www.eeoc.gov)

### **DETERMINATION AND NOTICE OF RIGHTS**

(This Notice replaces EEOC FORMS 161 & 161-A)

**Issued On: 09/28/2022**

**Charge No: 520-2022-02675**

**To: Mr. William F. Corr**  
495 Community Drive  
Manhasset, NY 11030

**EEOC Representative and email:** Christiana Doriety, Federal Investigator  
[christiana.doriety@eeoc.gov](mailto:christiana.doriety@eeoc.gov)

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### **DETERMINATION OF CHARGE**

The EEOC issues the following determination: The EEOC will not proceed further with its investigation and makes no determination about whether further investigation would establish violations of the statute. This does not mean the claims have no merit. This determination does not certify that the respondent is in compliance with the statutes. The EEOC makes no finding as to the merits of any other issues that might be construed as having been raised by this charge.

### **NOTICE OF YOUR RIGHT TO SUE**

This is official notice from the EEOC of the dismissal of your charge and of your right to sue. If you choose to file a lawsuit against the respondent(s) on this charge under federal law in federal or state court, your lawsuit must be filed **WITHIN 90 DAYS** of your receipt of this notice. Receipt generally occurs on the date that you (or your representative) view this document. You should keep a record of the date you received this notice. Your right to sue based on this charge will be lost if you do not file a lawsuit in court within 90 days. (The time limit for filing a lawsuit based on a claim under state law may be different.)

If you file suit, based on this charge, please send a copy of your court complaint to this office.

On behalf of the Commission,

Digitally Signed By: Timothy Riera  
09/28/2022

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Timothy Riera,  
Acting District Director



ASPCA



William Corr  
495 Community Dr  
Manhasset, NY 11030-3817

11030-3817



Mid Island P&DC 117

TUE 06 DEC 2022 PM

~~FOR~~

Brooklyn Federal Court Bldg.  
Pro Se Dept.

225 Cadman Plaza

Brooklyn, NY 11201



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